RIDELVEE

SDINY FRO OF VELO

UNITED STATES DISTRICT COURT 2075 JULY -2 PM 1: 36 SOUTHERN DISTRICT OF NEW YORK

Panielle Amara shakur	
Write the full name of each plaintiff.	5 CV 471 (Include case number if one has been
-against-	assigned)
rassandra ventura	COMPLAINT
Scan combs	Do you want a jury trial?
Bad Boys Entertainment L	4
Post graduate center for mer Write the full name of each defendant. If you need more	ital Health
space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of	8
names. The names listed above must be identical to those	

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?			
Federal Question			
☐ Diversity of Citizenship			
A. If you checked Federal Question			
Which of your federal constitutional or federal statutory rights have been violated?			
First Amendment			
second Amendent			
Fifth Amendment			
B. If you checked Diversity of Citizenship			
1. Citizenship of the parties			
Of what State is each party a citizen?			
The plaintiff, Daniele Award Shally is a citizen of the State of (Plaintiff's name)			
The state of New York (State in which the person resides and intends to remain.)			
or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of			
If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.			

If the defendant is an individual:
The defendant, <u>Cassandra ventura</u> , is a citizen of the State of (Defendant's name)
caufornia & conneticut
or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of
If the defendant is a corporation:
The defendant, Post Graduate center, is incorporated under the laws of the State of New york
and has its principal place of business in the State of Wew york
or is incorporated under the laws of (foreign state)
and has its principal place of business in New York.
If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.
II. PARTIES
A. Plaintiff Information
Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.
First Name Middle Initial Last Name
177 Caumvia Street # 5L Street Address
County, City State State Zip Code
(696) 325-2250 Anie le shakuenou (augmai). Com Telephone Number Email Address (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:	Cassarvira First Name	Ventura Last Name			
	Entertaine	Videntifying information)			
	Current Job Title (or other identifying information)				
	Current Work Address (or other address where defendant may be s				
	County, City	State	Zip Code		
Defendant 2:	sean	Combs			
	First Name	Last Name			
	Entertainer				
	Current Job Title (or other	identifying information)			
	80 29th St				
Current Work Address (or other address where defendant may be se					
	rings, Brook	Van WY	112:31		
	County, City	State	Zip Code		
Defendant 3:	Brid Box's F	ntertains	nent uc		
	First Name	Last Name			
	BISINGS				
Current Job Title (or other identifying information)					
	80 29th Str	eet			
	Current Work Address (or other address where defendant may be served)				
	Vincil, Brook	-IUM NY	112-31		
	County, City	State	Zip Code		

Defendant 4:	Post Graduate Center tor mental Heal-
	Apartment Building organization
	Current Job Title (or other identifying information)
	177 columbia street
	Current Work Address (or other address where defendant may be served)
	County, City State Zip Code
III. STATEMI	ENT OF CLAIM
Place(s) of occur	in a second in MIVII77
2 2000(0) 01 1	
Date(s) of occur	rence: 1991 - present
FACTS:	
State here brief	ly the FACTS that support your case. Describe what happened, how you were
harmed, and whad additional pages	nat each defendant personally did or failed to do that harmed you. Attach
additional page.	
my nan	ne is paniere Amara status and
lan	a victim of cassandra ventura
and so	combs, sad by but them more
LIC, OU	ad Post Graduate center for
ment al	. 1 believe that ms. ventura
and m	r combs have been conspining
with the	o New york Police PeparAment,
The Sto	to of New york, Post Graduale
center	to mental Health (my place
of resid	dence, along with a plethora
ot of	ter covernmental Agencies
to ora	ont me from testique mr.
(muhs	has been a violent rigure
In my	life and has caused myself
0	

along with my family from the moment
1 was bornium te how establishe ec
network, per ms. ventura's lawsut,
of Police Officers, medical professional,
and government afficials to hopes,
taint, and criminalise ne to present
me from testificing, which violates
my Right to Pair Otial. I pliese MS.
who we has access to great refuel as
well and has been targeting me w/ PGCEM+
INJURIES:
If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.
on 01/28/25, 1 submitted a complaint to
Post Graduate center for mentact that
I believed that were participating in
organized deine I was when assouted
ourside of myhomenoi/29/25
IV. RELIEF
State briefly what money damages or other relief you want the court to order.
1 am sering \$10,200,000,000
(10,2 Trillian Dollars) in damages.
I am also seeking printive damages
I am sering \$10,200,000,000 (10,2 Thillian Dollars) in damages. I am also seeking puritive damages for decades of temonism, inlawful
surreillance, and nitness tampening

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

00/02/25		JARN	LOUN_
Dated		Plaintiff's Signature	
Divid IV		Shaller	2
First Name	Middle Initial	Last Name	
HT CO	ombia st	reet # SL	
Street Address			Ì
County, City	Brooklyn	State State	1)23 / Zip Code
(Le4le) 325 Telephone Number	2250	Email Address (if ava	akeenow@gmail.com

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

Yes □ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.